



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

RECEIVED
MAY 18 2018

Mr. Conrad Burke 1201550
Offender Name Offender Number 72-116 Ombudsman Unit
Geo Group Inc. Housing Assignment Eastern Region
Individuals involved in Incident 04/22/18 approx 12:30p
Date/ Time of Incident

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): whom may concern
DO mail@vadocvirginia.gov

Institutional Program Manager
 Mailroom

Briefly explain the nature of your complaint (be specific):

On the 22nd day of April year of our Lord 2013 I Lodged EC # 137220 in regards to a filing that's come out my tooth and I'm suffering in unbearable excruciating pain. However my EC # 137220 wasn't returned nor was I seen by any medical staff for treatment for this unbearable toothache. NOTE: I can submit to voice, letter or policy group test to clarify this issue.

Offender Signature

Date 04/23/18

Officers - Do Not Write Below This Line

Date Received: 4-23-18

Tracking # LVCC18-Info01167

Response Due: 5-9-18

Assigned to: HSA Smith

Action Taken/Response:

Please note at this time we don't have a dentist. You will be called to medical for evaluation, and pain management will be offered. However, Please submit a request to dental, so that we can add you to the list. Once the dentist come he will schedule you at that time.

Respondent Signature

J. Smith RN
Printed Name and Title5/7/18
Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

RECEIVED
MAY 18 2018

Staff Witness Signature:

RECEIVED
APR 25 2018

Date:

LVCC GRIEVANCE DEPARTMENT Revision Date 04/08/17 DEF



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